|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DAD-BEBD-006 (rev. 01/2025) | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  Bureau of Export and Business Development  Phone: (608) 224-5049  Email: [DATCPdadgrants@wisconsin.gov](mailto:DATCPdadgrants@wisconsin.gov) | | | | | | |
| Wisconsin Initiative for Agricultural Exports Export Expansion Grant 2025 (Dairy) Application | | | | | | | |
| *This form is authorized by s. 91.82, Wis. Stats. and s. ATCP 50.16, Wis. Admin. Code. Completing this form is voluntary. Personally identifiable information collected on this form may be used for purposes other than for which it was originally collected. See s. 15.04(1)(m), Wis. Stats.*  *ss. 20.115(3)(b), 20.115(3)(h), 93.06 (1qm), and 93.425, Wis. Stats.* | | | | | | | |
| APPLICATIONS MUST BE SUBMITTED BY APRIL 09, 2025. | | | | | | | |
| **APPLICANT** | | | | | | |
| FULL LEGAL NAME OF APPLICANT/BUSINESS: | | | | | | |
| CONTRACT SIGNER NAME: | | | | CONTRACT SIGNER TITLE: | | |
| STREET ADDRESS: | | | | CITY: | STATE: | ZIP: |
| MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS): | | | | CITY: | STATE: | ZIP: |
| PROJECT COORDINATOR: | | | | PROJECT COORDINATOR TITLE: | | |
| BUSINESS PHONE:  (   )     - | | E-MAIL: | | | | |
| PROJECT TITLE: | | | | | | |
| PROPOSED PROJECT SUMMARY | | | | | | |
| REQUESTED AMOUNT (GRANT): $ | | | ESTIMATED TOTAL COST OF PROJECT: $ | | | |
| PROJECT START DATE: | | | PROJECT END DATE *(No later than May 1, 2026)*: | | | |
| **PROJECT FOCUS** | | | | | | |
| Accelerate export growth of the following through agribusiness export expansion projects; check all that apply. **The project focus must include milk and dairy products.** Please see the Request for Proposals (RFP) for more information. | | | | | | |
| Wisconsin Milk and Dairy Products | | | | | | |
| Wisconsin Meat (including Poultry and Fish) and Meat Products | | | | | | |
| Wisconsin Crop and Crop Products | | | | | | |
| PROJECT SUMMARY | | | | | | |
| Describe your project. Include why this project is important to your organization, steps/actions/processes that will take place, and results/changes that will happen as a result of the project. | | | | | | |
|  | | | | | | |

|  |  |  |
| --- | --- | --- |
| PROJECT OBJECTIVE | | |
| Describe how your project will meet *at least one* of the following objectives. | | |
| PROJECT WILL CULTIVATE NEW-TO-EXPORT AND EMERGING EXPORT AGRIBUSINESS: | | |
| PROJECT WILL BUILD THE EXPORTING CAPACITY AND KNOWLEDGE OF THE INDUSTRY: | | |
| PROJECT WILL INCREASE UNDERSTANDING OF FOREIGN MARKETS AND CONSUMERS: | | |
| PROJECT WILL MAKE PRODUCTS EXPORT-READY OR DEVELOP PRODUCTS FOR SPECIFIC EXPORT MARKET: | | |
| PROJECT WILL PROMOTE WISCONSIN PRODUCTS IN FOREIGN MARKETS: | | |
| PROJECT POTENTIAL IMPACT | | |
| Describe how your project will benefit the Wisconsin agribusiness export expansion effort. | | |
|  | | |
| WORK PLAN | | |
| Describe the major steps/activities needed to complete your project, who is responsible for each step/activity, and the timeline for each step/activity. | | |
| PROJECT ACTIVITY: | WHO: | TIMELINE: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| SIGNATURE | |
| I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a grant contract.   |  |  |  | | --- | --- | --- | |  |  |  | | AUTHORIZED SIGNATURE  (TYPED SIGNATURE IS ACCEPTABLE) | TITLE | DATE | | |
| Completed applications are due by 11:59 p.m. CST on April 09, 2025, to be considered.  Completing the application is necessary to apply for the grant. | |
| EMAIL this form to:  [DATCPdadgrants@wisconsin.gov](mailto:DATCPdadgrants@wisconsin.gov) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ESTIMATED TOTAL PROJECT BUDGET - GRANT REQUEST AND MATCHING CONTRIBUTIONS | | | | | |
| A total grant up to $100,000 is available. Matching funds are required at 20% of the grant request. | | | | | |
| BUDGET CATEGORY: SALARY | | | | | |
| POSITION OR TITLE: | NUMBER OF HOURS: | HOURLY RATE: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: SERVICES/SUBCONTRACTORS (INCLUDING TRANSLATION, INTERPRETATION AND LOCALIZATION SERVICES) | | | | | |
| SERVICE PROFESSIONAL: | NUMBER OF HOURS: | HOURLY RATE: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: TRAVEL (ALL TRAVEL COSTS MUST BE IN ACCORDANCE WITH WISCONSIN IN-STATE RATES AND POLICIES) | | | | | |
| DESCRIPTION: | METHOD: | RATE: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: SUBSCRIPTIONS, PURCHASED RESEARCH, AND REPORTS | | | | | |
| ITEM DESCRIPTION: | NUMBER OF UNITS: | UNIT COST: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: PROMOTION, MARKETING, PUBLICATION | | | | | |
| ITEM DESCRIPTION: | NUMBER OF UNITS: | UNIT COST: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: SUPPLIES AND MATERIALS | | | | | |
| ITEM DESCRIPTION: | NUMBER OF UNITS: | UNIT COST: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| BUDGET CATEGORY: MISCELLANEOUS (INCLUDING FEES) | | | | | |
| ITEM DESCRIPTION: | NUMBER OF UNITS: | UNIT COST: | GRANT: | MATCHING: | TOTAL COST: |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
|  |  |  | $ | $ | $ |
| TOTAL COSTS (FOR ALL BUDGET CATEGORIES): | | | **$** | **$** | **$** |